3/8/2023 1:48 PM FROM: Office Depot #2629 P.

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AO 239 (Rev. 12/13) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

## United States District Court

For the Northern District of Georgia

Esther Williams For I W		
Plaintiff Petitioner	)	
N,	)	Civil Action No
Commissioner of Social Security,	)	
Defendant Respondent	)	

## APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

## Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

## Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month		
	You	Spouse	You	Spouse	
Employment	s 700.00	s No Married	S	\$	
Self-employment	s O	\$	\$	\$	
Income from real property (such as rental income)	s	\$	s	\$	
Interest and dividends	\$	\$	\$	s	
Gifts	\$	s	s	s	
Alimony	\$	s	\$	s	
Child support	\$360 7	ecieve in ex 400	Se	s	

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Retirement isuch as social security, pensions, amuities. insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	s 819 58	s 95%	\$	\$ *
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	<b>S</b> ==
Other (specify):	\$	\$	\$	s
Total menthly income:	\$ 1,879.58	\$ 0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
BeautaMart	335 Upper Riverdale Ad.	1.3.2023 - Present	\$ 100.00
·			\$

3.

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

How much cash do you and your spouse have? \$ 4.

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
Wood Forest	Checking.	s <u>2.13</u>	\$ 8
	()	\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts. expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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	62.
:65	255
. 4	<u> </u>
300	530
.98	<b>1</b>

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse		
Home (Value)	s (C)	
Other real estate (Value)	s ()	
Motor vehicle #1 (Value)	\$ 0	
Make and year:		
Model:		
Registration #:		
Motor vehicle #2 (Value)	\$ ()	
Make and year:		
Model:		
Registration #:		
Other assets (Value)	\$ O	
Other assets (Value)	\$	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	s	s
	s ()	s
	s ()	s

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18. initials only)	Relationship	Age
appropriation and INW	Son	16

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	T Vana na ana
	You	Your spouse
Rent or home-mortgage payment (including lot rented for hobile home)  Are real estate taxes included?  Yes vo Is property insurance included? Yes No	s	s Not married
Utilities telectricity, heating fuel, water, sewer, and telephone)	\$ 315.00	\$
Home maintenance (repairs and upkeep)	s	S
Food	s (000.00	S
Clothing	s 800.00	s
Laundry and dry-cleaning	\$80.00 WK	\$
Medical and dental expenses	s ()	S
Transportation (not including motor vehicle payments)	\$ 250 ilver	S
Recreation, entertainment, newspapers, magazines, etc.	s 300.00	s
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	s	s
Life:	s 835 . Oppost	Å
Health:	s	S
Motor vehicle:	s D	S
Other:	s D	S
Taxes (not deducted from wages or included in mortgage payments) (specify):	s	S
Installment payments		
Motor vehicle:	s ()	S
Credit card (name): (upital One	s 300,00	s
Department store (name):	s	s
Other:	s ()	s
Alimony, maintenance, and support paid to others	s ()	S

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Regula statemen	ar expenses for operation of business, profession, or farm (anach detailed	s	0	s	
Other	(specify):	\$	$\bigcirc$	s	
	Total monthly expenses:	S	2,642.0	)0 §	0.00
9.	Do you expect any major changes to your monthly income or expenses o next 12 months?	r in	y∙ur assets or	· liabil	ities during the
	☐ Yes				
1 <b>♦.</b>	Have you spent — or will you be spending — any money for expenses of lawsuit? Yes I No 25% of past due benefit Martin, Jones, & Piemo	ts		conjur	nction with this
	If yes, how much? \$ 4601 Charlotte Park D	rive,			
11.	Suite 390, Charlotte, No Provide any other information that will help explain why you cannot pay			proce	edings.
12.	Identify the city and state of your legal residence. Morrow GA				
	Your daytime phone number: 410-505-5118  Your age: 51 Your years of schooling:	<b>~</b> /	21/		
	Last four digits of your social-security number:	d-7	クイ		